

JUL 13 2005

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FACSIMILE COVER SHEET

Deliver to: David J. Czekaj, USPTO

Art Group: 2613

Facsimile No.: 703-872-9306

Date: July 13, 2005

From: Paul A. Mendonsa, Reg. No. 42,879

Our Docket No.: 42390P9324

Number of pages 20 including this sheet.

Application No.: 09/731,522

Filing Date: 12/6/2000

Docket Due Date(s): 4/14/2005 7/14/2005

Enclosed are the following documents:

- ☒ Amendment: After Final (14 pgs)
☐ Appeal Brief (____ pgs)
☐ Application: _____
 (____ pgs) w/cover & abstract
☐ Assignment & Cover Sheet (____ pgs)
☒ Certificate of Facsimile _____
☐ Continued Prosecution Application (CPA)
☐ Declaration & POA (____ pgs)
☐ Drawings: ____ sheets, ____ figures
☒ Extension of Time: three (3) months
☒ Fee Transmittal (in duplicate)
☐ IDS & PTO/SB/08 (____ pgs)
☐ Other _____

☐ Issue Fee Transmittal
☐ Notice of Appeal
☐ Petition for: _____
☒ Request for Continued Examination (RCE)
☐ Reply Brief (____ pgs)
☐ Request & Certification Under 35 USC 122(b)(2)(B)(i)
☐ Request to Rescind Previous Nonpublication Request
☐ Response to Notice of Missing Parts & Formalities Letter
☐ Response to Written Opinion (____ pgs)
☐ Terminal Disclaimer
☐ Transmittal of Publication Fee Due
☒ Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.

Rachael L. Brown

7/13/2005

Date

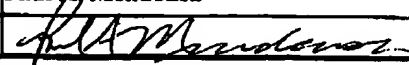
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FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete If Known		
		Application Number	09/731,522	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	December 6, 2000	
		First Named Inventor	Vaughn S. Iverson	
		Examiner Name	David J. Czekaj	
		Art Unit	2613	
TOTAL AMOUNT OF PAYMENT (\$)		1,860.00	Attorney Docket No.	42390P9324

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																																																																																																																							
1. EXTRA CLAIM FEES																																																																																																																							
Total Claims: 45 - 44* = 1 Independent Claims: 3 - 3* = 0 Multiple Dependent: _____	<table border="1"> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <td>1</td> <td>50.00</td> <td>\$50.00</td> </tr> <tr> <td>0</td> <td>200.00</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Extra Claims	Fee from below	Fee Paid	1	50.00	\$50.00	0	200.00	\$0.00																																																																																																													
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879
Signature		Telephone	(503) 439-8778
		Date	07/13/05

Based on PTO/58/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

Application Number 09/731,522
Filing Date December 6, 2000
First Named Inventor Vaughn S. Iverson
Examiner Name David J. Czekaj
Art Unit 2613
Attorney Docket No. 42390P9324

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 1,860.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Excess Claims	Fee from below	Fee Paid
45	44	1	50.00
Independent Claims	3	3	0
Multiple Dependent			
Large Entity	Small Entity	Fee Code	Fee Description
1202	2202	50	25 Claims in excess of 20
1201	2201	200	100 Independent claims in excess of 3
1203	2203	360	180 Multiple Dependent claim, if not paid
1204	2204	300	150 **Reissue independent claims over original patent
1205	2205	300	150 **Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)			50.00

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee Description	Fee Paid
1051	2051	130	65 Surcharge - late filing fee or oath	
1052	2052	50	25 Surcharge - late provisional filing fee or cover sheet	
2053	2053	130	130 Non-English specification	
1251	2251	120	80 Extension for reply within first month	
1252	2252	450	225 Extension for reply within second month	
1253	2253	1,020	510 Extension for reply within third month	1,020.00
1254	2254	1,590	795 Extension for reply within fourth month	
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1403	2403	1,000	500 Request for oral hearing	
1451	2451	1,510	1,510 Petition to institute a public use proceeding	
1460	2460	130	130 Petitions to the Commissioner	
1807	1807	50	50 Processing fee under 37 CFR 1.17(g)	
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1810	2810	790	395 For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) Request for Continued Examination (\$790.00)				
SUBTOTAL (2)				1,810.00

SUBMITTED BY

Name (Print/Type) Paul A. Mendonsa Registration No. 42,879 Telephone (503) 439-8778
Signature [Signature] Date 07/13/05

Based on PTO/SS/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450